



TESTIMONY

Submitted by Tracy Wodatch, President and CEO
The Connecticut Association for Healthcare at Home

Higher Education and Employment Advancement Committee
March 8, 2022

SB 251, An Act Expanding Training Programs for Careers in Health Care

Senator Slap, Representative Elliott and distinguished members of the Higher Education and Employment Advancement Committee, my name is Tracy Wodatch, President and CEO of the Connecticut Association for Healthcare at Home. I am also an RN with nearly 40 years' experience.

The CT Association for Healthcare at Home is the united voice for our licensed home health and hospice agencies as well as several non-medical Homemaker-Companion Agencies. Together, our members provide services that foster cost-effective home care for Connecticut's residents in the setting they prefer most – their own homes.

We support this legislation but encourage broader action to support the development and retention of the healthcare workforce especially in the field of home care. We also signed on to the joint testimony written by the Connecticut Hospital Association and signed by several healthcare provider associations.

Our Home Care providers have been experiencing a workforce shortage since long before the COVID-19 pandemic. Unfortunately, the pandemic has pushed the workforce shortages to critically high numbers. All healthcare settings are experiencing it, yet home care struggles on its own for several rather unique reasons.

- We provide advanced care in the home, not in a facility setting. Yet, to grow our revenue we must grow our patient census which requires an adequate number of adequately trained staff.
- Our reimbursement rates for Medicaid limit our ability to pay adequate and competitive wages or to recruit new staff.
- The pandemic has resulted in many staff leaving home care for other healthcare specialties who pay more or retiring early due to the stressors upon them.
- As many highly experienced professionals depart, they take with them clinical skills and years of hands-on practice and knowledge, reducing the experience of the remaining teams, creating a practice gap.
- **Lastly and most importantly, our feeder pipeline for staff is at the bottom of the totem pole for many reasons.**
 - The curricula for nursing, allied health and medicine rarely if ever include home care and hospice.
 - The clinical rotations are extremely limited due to the high volume of students needing placement with low numbers of agencies able to provide experiences.



- Those entering a career in healthcare rarely think home care and hospice is as exciting as “saving lives” in a hospital.

We strongly support legislation to stabilize current workforce and grow the future of healthcare at home. Please ensure language to enhance recruitment and retention with incentives and improved reimbursement; to improve the education pipeline and incorporate home care and hospice as a viable and respected career path; to find ways to creatively address the challenging home care and hospice clinical experiences and rotations; to support expanding both faculty and student placements for all levels of healthcare including nursing, therapy, aides, and medicine; and to offer affordable educational opportunities while enhancing tuition reimbursement and assistance.

We appreciate the Committee’s focus on this critical issue and encourage you to consider a broader approach, outside hospital and nursing home walls, to meeting the healthcare workforce challenges in our state.

Thank you for your consideration of our position.

Tracy Wodatch

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